

XC-None filed

# THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH.

State File No. **12890**

R# 108760  
FILED MAR 20 1953

REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **500** Registrar's No. **727**

1. PLACE OF DEATH a. COUNTY <b>ST. LOUIS</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>ILLINOIS</b> b. COUNTY <b>ST. CLAIR</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>JEFFERSON BARRACKS, MO.</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>EAST ST. LOUIS</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>VETERANS ADMINISTRATION HOSP.</b>		d. STREET ADDRESS (If rural, give location) <b>527 N. 13th STREET</b>	
3. NAME OF DECEASED (Type or Print) <b>REGINALD</b>	a. (First) <b>J.</b>	b. (Middle)	c. (Last) <b>WILBURN</b>
4. DATE OF DEATH (Month) <b>3</b> (Day) <b>4</b> (Year) <b>53</b>			
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>12-20-18</b>
9. AGE (In years last birthday) <b>34</b>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>SOLDIERING</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>KENNETT, MISSOURI</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13a. FATHER'S NAME <b>WAYNE WILBURN</b>	13b. MOTHER'S MAIDEN NAME <b>BELLE MC CURLEY</b>	14. NAME OF HUSBAND OR WIFE <b>ALBERTA WILBURN</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>YES</b>	16. SOCIAL SECURITY NO. <b>UNKNOWN</b>	17. INFORMANT'S SIGNATURE OR NAME <b>VA HOSPITAL RECORDS, JEFF. BRKS, MO.</b>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.  I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>BRONCHOPNEUMONIA, ADVANCED</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>BRONCHIECTASIS, ADVANCED</b>  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to the death but not related to the disease or condition causing death.  INTERVAL BETWEEN ONSET AND DEATH <b>12 days</b>  <b>7 years</b>			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>526X</b>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>2-25-53</b> , 19 <b>53</b> , to <b>3-4-53</b> , 19 <b>53</b> , that I last saw the deceased <b>March 4, 1953</b> , and that death occurred at <b>3:35P</b> m., from the causes and on the date stated above.			
23. SIGNATURE <b>Dr. J. D. Wall, M.D.</b>		23b. ADDRESS <b>VA HOSP. JEFF. BRKS, MO.</b>	23c. DATE SIGNED <b>3-5-53</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>	24b. DATE <b>3-5-53</b>	24c. NAME OF CEMETERY OR CREMATORY <b>KENNETT, MO.</b>	24d. LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REG. <b>3-5-53</b>		REGISTRAR'S SIGNATURE <b>Albert H. Hoppe, M.D.</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>Albert H. Hoppe</b>		ADDRESS <b>4700 Washington Blvd</b>	

P.T. (Licensed Embalmers' Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAY 15 1953

VS MAY 12 1959

APR 2 1953

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.